

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

169

State File No. 1126
Registered No. 11

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 8 Grover Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guadalupe Hernandez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Girl To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth 4 1930
Month Day Year

8. FATHER
Full name Teodoro Hernandez
9. Residence 8 Grover Canyon
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Agulian / Juiseo Mexico
(State or country)

13. Occupation Miner
Nature of industry

14. MOTHER
Full maiden name Eutimria Villa Gomez
15. Residence 8 Grover Canyon
(Usual place of abode)
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Ureanguato
(State or country) Guerrero Mexico

19. Occupation Housewife
Nature of industry

20. Number of children of this mother _____ (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 1 m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Rosa Cortez
(Physician or midwife)

Given name added from a supplemental report _____ Address 806 Sullivan St Miami
Month, day, year _____ Filled Jan 12, 1930 Leo E. Morris
Registrar Registrar

789-104-579